

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (Currently Amended) A method for targeting one or more a high-risk members of a healthcare plan for proactive care, the method comprising:

~~storing calculating healthcare data and a predicted future healthcare utilization for each of a plurality of members of a heathcare plan, wherein the stored healthcare data comprises data associated with a plurality of disease categories, and~~ wherein the predicted future healthcare utilization for each of the plurality of members is ~~respectively calculated using stored~~ based upon the ~~stored healthcare claim~~ data associated with each of the plurality of members;

~~selecting one or more high-risk a members from the plurality of members based upon using a filter criterion to identify the member as high cost, wherein the filter criterion compares the members' respective predicted future healthcare utilizations;~~

~~searching the claim data set associated with each the selected high-risk member to identify the presence of at least one intervention flag for the member, wherein each intervention flag corresponds to a member attribute amenable to intervention;~~

~~selecting an intervention group of the high-risk members, each member of the intervention group having a selected number or type of intervention flags;~~

~~identifying a medical episode and all associated claim data in the data set that contributes to the selected member's identification as high cost; and~~

~~generating an output including the at least one intervention flag and the claim data medical episode in association with an identification of the associated with each member in the intervention group.~~

2. (Currently Amended) The method of claim 1, wherein the output is a display ~~generated in response to an identification of the selected member by a user, and wherein the display that shows detailed information regarding the at least one intervention flag or the medical episode in response to electronic selection of the intervention flag for a selected member of the intervention group flag or the medical episode by a the user.~~

3. (Currently Amended) The method of claim 1 ~~further including searching the data set for the presence of wherein the intervention flags factors from the group consisting of: that may be identified for each member of the intervention group include~~ mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.
4. (Currently Amended) The method of claim 1 wherein ~~each~~ the member's predicted future health care utilization ~~is calculated from the stored past healthcare utilization data using comprises the member's predicted future cost as specified by~~ a predictive model.
5. (Currently Amended) The method of claim 1 wherein the searching step ~~includes searching the data set to identify an intervention factors that may be identified for each member of the intervention group include flag selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.~~
6. (Previously Presented) The method of claim 1 further comprising linking the intervention flag to each of the plurality of claims in the data set corresponding to the intervention flag.
7. (Currently Amended) The method of claim 1 2 further comprising calculating a future cost for ~~each~~ the member ~~in the intervention group~~ and displaying the future cost in association with the identification of ~~each~~ the member.
8. (Currently Amended) The method of claim 2 1, ~~wherein each member's predicted future healthcare utilization is a relative risk value representing the quotient of the member's predicted future healthcare utilization divided by an average predicted future healthcare utilization for the plurality of members further comprising displaying to the user a relative risk in association with the identification of the member, where the relative risk is based at least partially on the predicted future healthcare utilization.~~

9. (Currently Amended) The method of claim 1, wherein each member's predicted future healthcare utilization is a relative risk ranking based upon the member's relative risk in comparison to relative risks for other members, each member's relative risk representing the quotient of the member's predicted future healthcare utilization divided by an average predicted future healthcare utilization for the plurality of members ~~the intervention flag reflects the presence of a medical episode for which the member is not seeing an appropriate provider and further wherein the display indicates the medical episode and the appropriate provider.~~
10. (Currently Amended) The method of claim 1 wherein an ~~the~~ intervention flag is the presence of a selected medical episode in the data set for which for which the member is missing a specified treatment.
11. (Currently Amended) The method of claim 1 wherein an ~~the~~ intervention factor flag is the presence of a selected medication in the data set for which the member is noncompliant.
12. (Currently Amended) The method of claim 1, further comprising identifying a medical episode and all associated claim data in the data set that contributes to a selected member's identification as high-cost, wherein the medical episode is defined in terms of a disease grouping.
13. (Currently Amended) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by determining which of a plurality of medical episodes present in the data set has a highest actual cost.
14. (Currently Amended) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by determining which of a plurality of medical episodes present in the data set has a highest average cost according to benchmark medical episode data.
15. (Currently Amended) The method of claim 12 wherein the medical episode from the data set contributing to the selected member's identification as high-cost is identified by assigning a

ranking to each of the plurality of medical episodes present in the data set based on a combination of an associated cost for the member and an average benchmark cost.

16- 31. Canceled.

32. (New) A method for targeting one or more high-risk members of a health plan for proactive care, the method comprising:

storing healthcare data for each of a plurality of members of the health plan, wherein the stored healthcare data comprises data associated with a plurality of disease categories;

storing a plurality of intervention flags, each associated with a health-related condition or occurrence that represents a member attribute amenable to intervention;

searching the stored healthcare data to identify any members having associated stored healthcare data representing one or more of the health-related conditions or occurrences associated with one or more of the stored intervention flags;

assigning one or more intervention flags to each identified member based upon the identified member's associated stored healthcare data; and

generating an output including the identified members and their associated intervention flags and healthcare data.

33. (New) A method for targeting one or more high-risk members of a health plan for proactive care, the method comprising:

storing healthcare data and a predicted future healthcare utilization value for each of a plurality of members of the health plan, wherein the stored healthcare data comprises data associated with a plurality of disease categories, and wherein the predicted future healthcare utilization for each of the plurality of members is based on the stored healthcare data for each of the plurality of members;

storing a plurality of intervention flags, each associated with a health-related condition or occurrence that represents a member attribute amenable to intervention;

searching the stored healthcare data to identify one or more intervention members, each intervention member having associated stored healthcare data representing one or more of the health-related conditions or occurrences associated with one or more of the stored intervention flags;

assigning one or more intervention flags to each intervention member based upon the intervention member's associated stored healthcare data;

selecting one or more high-risk members from the plurality of members in the health plan based upon the members' respective predicted future healthcare utilization values; and

generating an output including the intervention members, the selected high-risk members, and their associated healthcare data.